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SAUSC 119 conditions met yes	AS STATE OR SOUNTRY DI	HEETS TOTAL CLAIMS 5 15	INDEP. FIL CLAIMS REG	ING FEE CEIVED A \$465,00 31	Y ***** TTORNEY'S OCKET NO.	
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Verified and Acknowledged Examiner's EDMUND M JASKIEWIC 1730 M STREET NW SUITE 400 WASHINGTON DC 20036 DEVICE FOR THE COLLE OF BODY FLUID SAMPLE PARTS OF APPLICATION FILED SEPARATELY	AS STATE OR SOUNTRY DI	HEETS TOTAL CLAIMS 5 15 PHONE:	INDEP. FIL.	NG FEE CEIVED A \$465.00 31 -2900	Y ***** ATTORNEY'S OOCKET NO.	
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January 19 conditions met yes yes a verified and Acknowledged Examiner's EDMUND M JASKIEWIC 1730 M STREET NW SUITE 400 WASHINGTON DC 20036 DEVICE FOR THE COLLE OF BODY FLUID SAMPLE PARTS OF APPLICATION FILED SEPARATELY NOTICE OF ALLOWANCE MAILE ISSUE FEE Amount Due Date Paid	AS STATE OR SOUNTRY DI	HEETS TOTAL CLAIMS 5 15 PHONE:	INDEP. CLAIMS FILE 3 (202) 296 3. DEPT. OF CO Total Claim Sheets Drwg	Applications E CLAIMS ALLO S Print DRAWING	Y **** ATTORNEY'S OCKET NO. OUT PTO-436L (Rev.	
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